

**This Page Is Inserted by IFW Operations
and is not a part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images may include (but are not limited to):

- **BLACK BORDERS**
- **TEXT CUT OFF AT TOP, BOTTOM OR SIDES**
- **FADED TEXT**
- **ILLEGIBLE TEXT**
- **SKEWED/SLANTED IMAGES**
- **COLORED PHOTOS**
- **BLACK OR VERY BLACK AND WHITE DARK PHOTOS**
- **GRAY SCALE DOCUMENTS**

IMAGES ARE BEST AVAILABLE COPY.

**As rescanning documents *will not* correct images,
please do not report the images to the
Image Problem Mailbox.**

THIS PAGE BLANK (USPTO)

ER. EINSMANN, MARGARET 1751

JAN-28-2003 00:45

P&G PATENT DIVISION

513 626 1933 P.01/09

Procter & Gamble - I.P. Division

IMPORTANT CONFIDENTIALITY NOTICE

The documents accompanying this telecopy transmission contain confidential information belonging to the sender which

BEST AVAILABLE COPY

Fax No. 703-872-9310

Phone No. 703-548-3826

Fax No. 513-627-8118

Phone No. 513-627-8150

- Comments:
- 1) Transmittal Cover Sheet (In duplicate)
 - 2) Fee Transmittal Sheet (In duplicate)
 - 3) Amendment (___8___ pages)

S.N.: 09/762,081
Filed: February 1, 2001
Case: CH 1863

OFFICIAL PAPERS

****Note:** Each paper must have its own certificate of transmission, OR this certificate must identify each submitted paper.

Received from <513 626 1933> at 1/27/03 11:33:30 PM [Eastern Standard Time]

FAX RECEIVED
JAN 28 2003
GROUP 1700

AMENDMENT

Case Docket No. CM1883

COMMISSIONER FOR PATENTS
Washington, D.C. 20231

Certificate of Transmission
I hereby certify that this correspondence is being facsimile
transmitted to the Patent Office.

Serial No. 09762081

Group Art Unit 1751

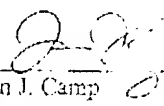
BEST AVAILABLE COPY

ANTER

PREVIOUS

SENT

4. The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 1751-2480. A deposit of \$1,000.00 is required.
- b. ☒ Any patent application processing fees under 37 CFR §1.17.
5. The Commissioner is hereby authorized to make any additional charges of this fee added to a communication, purposes provided for herein and to charge any fee for such copies to Deposit Account No. 1751-2480.


Jason J. Camp
Attorney for Applicant(s)
Registration No. 44,582
Tel. No. (513) 627-8150

January 27, 2003
Customer No. 27752
KJJC2CM1883TRCM1883AMD

FAX RECEIVED

JAN 28 2003

GROUP 1700

Approved for use through 10/31/2002. OMB 0651-0032
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL for FY 2002	Complete if Known	
	Application Number	09/762,081

BEST AVAILABLE COPY

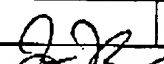
TOTAL (S)930.00 CM1883

Deposit Account Number: 16-7480	Code (S)	Fee Description	Fee Paid
	105		

106 330	Design filing fee	<input type="checkbox"/>		128 1,960	Extension for reply within 5 th month	<input type="checkbox"/>	
108 740	Reissue filing fee	<input type="checkbox"/>		119 320	Notice of Appeal	<input type="checkbox"/>	
114 160	Provisional filing fee	<input type="checkbox"/>		120 320	Filing a brief in support of an appeal	<input type="checkbox"/>	

EXTRA CLAIM FEES - Large Entry				141 1,260	Extension to revive - unintentional	<input type="checkbox"/>	
	Extra	Fee from	Fee	142 1,260	Utility issue fee (or reissue)	<input type="checkbox"/>	
	Claims	Below	Paid	143 460	Design issue fee	<input type="checkbox"/>	
Total Claims	<input type="checkbox"/> - 29** - <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>			122 139	Petitions to the Commissioner	<input type="checkbox"/>	
Independent Claims	<input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>			123 50	Petitions related to provisional applications	<input type="checkbox"/>	

** or number previously paid, if greater, for Reissues, see below				144 1,260	Extension to revive - intentional	<input type="checkbox"/>	
Code (S)	Fee Description			149 740	For each additional invention to be	<input type="checkbox"/>	
101 1	Claim in excess of 20			150 740	For each additional invention to be	<input type="checkbox"/>	
102 84	Independent claims in excess of 3			109 900	Request for expedited examination of a design application	<input type="checkbox"/>	
104 280	Multiple dependent claim, if not paid			091 1280	Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)	<input type="checkbox"/>	
109 84	**Reissue independent claims over original patent				Other fee (specify) _____	<input type="checkbox"/>	
110 18	**Reissue claims in excess of 20 & over original patent				Other fee (specify) _____	<input type="checkbox"/>	
SUBTOTAL (2) (S)101				* Reduced by Basic Filing Fee Paid SUBTOTAL(3) (S)1830			

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Jason J. Camp	Registration No.	44,582
Signature		Telephone	(513) 627-8150
		Date	January 27, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2018.
 Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, D.C. 20231.

Certificate of Transmission
 I hereby certify that this correspondence is being trans-
 mitted to the Patent and Trademarks Office on
January 27, 2003

David J. Carr

Attorney

1/27/03

BEST AVAILABLE COPY

FOR PATENT CLAIM COMPOSITIONS

XXXXXXXXXX

XXXXXXXXXX

XXXXXX

In response to the Office Action dated July 27, 2002 (DO- 21- 02) of the same date,

a three-month extension of time, to Deposit Account No. 16-2452.

IN THE CLAIMS

XXXXXXXXXX

Please amend Claim 1 to read as follows:

Please amend Claim 1 to read as follows:

i. (Amended) A composition comprising:

ii)- from about 10% to about 90% by weight of a